Application to Determine Eligibility for Educational Benefits Children of Veterans Tuition Grant Program



Issued under authority of Public Act 248 of 2005.

Type or print all information. This application must be completed to apply for educational opportunities provided for children of certain members of the armed forces of the United States.

Name of Applicant			Social Security Number	Social Security Number	
Address (No., Street, P.O. Box or Rural Route)		City	State	ZIP Code	
Telephone Number	Date of Birth		Michigan Resident Sin	ice (mm/dd/yyyy)	
Name of Surviving Parent or Guardian			Relationship	Relationship	
				T ===	
Address		City	State	ZIP Code	
		1/2/			
Are you receiving benefits from another state?	If Yes, what state?				
Have you ever been convicted of a felony involving an assault, physical injury or death? Yes No					
Name of College you plan to attend			College Enrollment Da	ate (mm/aa/yyyy)	
By my signature, I confirm that the information provided on this form is true and accurate, and I give the above institution permission to release/verify my					
academic data for the purposes of this program to	the Student Schola	rships and Grants. [Requ	i give the above institution permist iired for processing.]	sion to release/verily my	
Signature of Applicant			Date	Date	
Deceased or Disabled Veteran's Service Record (Parent of the Applicant named above)					
Name of Veteran			Military Service Nur	Military Service Number	
Date of Entry into Service	Date of Separation		U.S. Dept. of Vetera	U.S. Dept. of Veterans Affairs Claim No.	
Veteran Affairs Regional Office where claim folder is located					
Is the veteran totally and permanently disabled due to service-incurred causes?					
☐ Yes (see #4 below) ☐ No					
Is the veteran's death due to service-incurred causes?					
☐ Yes (see #4 below) ☐ No					

Required Documentation

Send photocopies only as documents must remain a permanent part of the application.

- 1. Applicant's (child's) birth certificate (must list parents' names).
- 2. Veteran's discharge certificate or separation document (DD Form 214 or Casualty Report)
- 3. Veteran's death certificate or casualty report.
- 4. Proof of total and permanent disability or death due to service-incurred causes.

Submit application and required documentation to: Student Scholarships and Grants, P.O. Box 30462, Lansing, MI 48909-7962. Telephone: 1-888-4-GRANTS (1-888-447-2687), extension 3-7120. Fax: 517-241-5835.

